

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO **HZ210543**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

| OFFICER INFORMATION | | | INCIDENT INFORMATION | |
|--|-----------------------------------|---------------------------|--|-----------------------------------|
| NAME (LAST - FIRST - M.I.) MARKOVICH, NENAD N | | | <input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR | |
| STAR NO. 19638 | POSITION POLICE OFFICER | | ADDRESS OF OCCURRENCE 5400 N LINCOLN AVE | |
| DATE OF APPOINTMENT 04-NOV-1996 | EMPLOYEE NO. [REDACTED] | | CITY <input checked="" type="checkbox"/> CHICAGO | STATE (If outside Chicago) |
| UNIT OF ASSIGNMENT 020 | BEAT/CALL NO. 2084 | | LOCATION CODE 280-POLICE FACILITY/VEH PARKING | BEAT OF OCCURRENCE 2011 |
| SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F | RACE WHITE | DOB [REDACTED] | DATE OF OCCURRENCE 02-APR-2016 | TIME 11:42:00 |
| HEIGHT 601 | | WEIGHT 210 | DAY OF WEEK SATURDAY | |
| TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED | | | NO. OF OFFICERS BATTERED 1 | |
| <input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER | | | WORKING: <input checked="" type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input checked="" type="checkbox"/> F. OTHER FOOT AND MOTORIZED | |
| TYPE OF ACTIVITY | | | MANNER OF ATTACK | |
| <input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input checked="" type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE 8-4-030-DRINKING ALCOHOL ORIGINAL IUCR CODE BATTERY - AGG ON THE PUBLIC WAY PO HANDS NO/MIN INJURY <input type="checkbox"/> K. OTHER | | | <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS) | |
| TYPE OF WEAPON/THREAT | | | TYPE OF WEAPON/THREAT | |
| <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT <input checked="" type="checkbox"/> H. OTHER (SPECIFY) /ELBOW STRIKE TO OFFICER | | | (Check all that apply): <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> H. OTHER (SPECIFY) /ELBOW STRIKE TO OFFICER | |
| FIREARM USE INFORMATION | | | FIREARM USE INFORMATION | |
| <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON | | | (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON | |
| OFFENDER INFORMATION | | | OFFENDER INFORMATION | |
| SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F | RACE BLACK | DOB 22-MAY-1969 | | |
| CB NO. 19288918 | | IR NO. | | |
| TYPE OF INJURY TO OFFICER | | | TYPE OF INJURY TO OFFICER | |
| <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE | | | WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 2. NO GANG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN | |
| LIGHTING CONDITIONS AT INCIDENT | | | WEATHER CONDITIONS | |
| <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD | | | <input type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input checked="" type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND | |
| APPROXIMATE OUTDOOR TEMPERATURE 38°F | | | APPROXIMATE OUTDOOR TEMPERATURE 38°F | |

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Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

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Attachment 8

REPORTING MEMBER - SIGNATURE
MARKOVICH, NENAD N

STAR NO.
19638

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
FLYNN, JEANETTE M 535